

MAILED OR DEPOSITED CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

10/590900 FILING DATE

APPLICANT(S)

Act. 37

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/					
3	10		/			
4	10		/			
5	10		/			
6	10		/			
7	10		/			
8	10		/			
9	10		/			
10	10		/			
11	10		/			
12	10		/			
13	10		/			
14	10		/			
15	10		/			
16	10		/			
17	10		/			
18	10		/			
19	10		/			
20	10		/			
21	10		/			
22	10		/			
23	10		/			
24			/			
25			/			
26			/			
27			/			
28			/			
29			/			
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	22	←	26	←		←
TOTAL CLAIMS	23		27			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.				↓		↓
TOTAL DEP.				←		←
TOTAL CLAIMS						←